

DIVISION OF DEVELOPMENTAL DISABILITIES
FUNCTIONAL INFORMATION DOCUMENT
(if over 21, please complete as to abilities at age 21)

Name: _____ DOB: _____

Person Assisting: _____

Phone: _____ Today's Date: _____

I. LEARNING

In school did you have an IEP? Yes ☐ No ☐

Are you able to read a newspaper? Yes ☐ No ☐

What books or magazines do you read? _____

Are you able to tell time? Yes ☐ No ☐ If yes, with an analog (clock with a face and hands) or digital (numbers only, like 3:47 PM) clock? _____

II. SELF CARE (DRESSING, EATING, GROOMING, HYGIENE)

Describe the help you need to do the following:

	None	Prompting	Direct Assistance
Bathing:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tooth brushing:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hair washing:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Toileting:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dressing:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eating:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please explain the areas where you need prompting or direct assistance:

III. EXPRESSIVE/RECEPTIVE LANGUAGE (TALKING TO OTHER PEOPLE / UNDERSTANDING WHAT THEY SAY TO YOU)

Do you need any special help to communicate with people who don't know you well? (for example, sign language, communication device, pictures, or someone who does know you "interpret" what you mean... Yes ☐ No ☐ if yes, please describe: _____

What is the primary language spoken in your home? _____

Are you able to understand other people when they talk to you? Yes ☐ No ☐

IV. MOBILITY (WALKING / GETTING AROUND)

Do you need any special equipment to help you get around? Yes ☐ No ☐

Are you able to independently go up and down stairs? Yes ☐ No ☐

Are you able to fasten buttons? Yes ☐ No ☐ zippers? Yes ☐ No ☐

use a pencil or pen? Yes ☐ No ☐

V. SELF-DIRECTION (MAKING YOUR OWN DECISIONS)

Do you have a representative payee? Yes ☐ No ☐

What bills do you pay on your own? _____

How do you pay these bills (check, credit card, pay at site)? _____

Who helps you with your goals and big decisions (moving, new job, etc.)? _____

Does anyone help you with day to day planning/activities? Yes ☐ No ☐

If so who? _____

List clubs or organizations you belong to: _____

Are you able to keep in touch with friends on your own (phone them or otherwise contact to make plans to get together)? Yes ☐ No ☐

Do you need help to get out of your home in case of emergency? Yes ☐ No ☐ If yes, please describe: _____

How long are you comfortable being home alone? _____

List two reasons to call 911. _____

Do others sometimes take advantage of you (borrow money and not pay you back or take your belongings)? Yes ☐ No ☐

If yes, what do you do? _____

What would you do if a stranger is bothering you? _____

VI. INDEPENDENT LIVING (LIVING ON YOUR OWN)

Describe the help you would need to use the following kitchen appliances:

	None	Prompting	Direct Assistance
Stove	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Microwave	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dishwasher	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hand wash dishes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please explain the areas where you need prompting or direct assistance: _____

Are you able to make a grocery list? Yes ☐ No ☐

Are you able to read and follow a recipe? Yes ☐ No ☐

Describe food items that would make a healthy meal: _____

Describe the help you would need to prepare this meal: _____

Describe the help you would need to do the following household chores:

	None	Prompting	Direct Assistance
Vacuuming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Laundry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Changing bedding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sweeping and mopping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cleaning a bathroom	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please explain the areas where you would need prompting or direct assistance:

Describe the help you would need in the following areas:

	None	Prompting	Direct Assistance
Riding the RIPTA bus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shopping (food, clothes)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Setting appointments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Getting to appointments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Following Doctor's Orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Taking medication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please explain the areas where you would need prompting or direct assistance:

What are your current medications? _____

If you buy something in a store, do you count your change? Yes ☐ No ☐ Can you tell if the change is the correct amount? Yes ☐ No ☐

If you go to the store with \$14.00 and spend \$5.00, how much will you have left? _____

How many quarters are in \$1.75? _____

VII. ECONOMIC SELF-SUFFICIENCY

Are you on SSI or SSDI? Yes ☐ No ☐ Involved with ORS? Yes ☐ No ☐

Describe the help you need in the following work areas:

	None	Prompting	Direct Assistance
Finding a job	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Learning the job	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Following directions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Showing up on time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Working with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please explain the areas where you would need prompting or direct assistance:

List any paid jobs you have held (past or present)?

List any volunteer jobs you have held (past or present)?